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Our Vision - Healthy Kansans living in safe sustainable environments

Statement of Deficiency

Via e -mail

“Surveyor Training & Office Training Module”

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17-_____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED _____
NAME OF PROVIDER OR SUPPLIER Oldtown Community - Home Health Agency			STREET ADDRESS, CITY, STATE, ZIP CODE Main Street Oldtown, KS 66600		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS The following citations represent the findings of the resurvey # _____				
G 145	484.14(g) COORDINATION OF PATIENT SERVICES A written summary report for each patient is sent to the attending physician at least every 60 days. This STANDARD is not met as evidenced by: The agency census totaled _____. Based on record review and interview the agency failed to provide the attending physician with a written summary report at least every 60 days for two (#6 and #7) of 11 sampled patients. Findings included: - Review of the medical record for patient #6 revealed an admission date of 6/25/03. The medical record lacked a written summary report to the physician. Staff indicated the patient, though requiring a licensed nurse to set up medications weekly paid for the visit themselves. Staff acknowledged on 6/8/04 the agency failed to provide many of the private pay patients with a summary report to the physician every 60 days. - Non compliance with this requirement also effected patient #7.				
G 163	484.18(b) PERIODIC REVIEW OF PLAN OF CARE	G 163		9/1/04	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



INTRODUCTION/HISTORY

Health Facility Surveyor's have been instructed to document the deficient practices that providers are experiencing on a Form CMS-2567(02-99). In most cases the surveyors are instructed to print the form once it is ready to be given to the provider. It is then reviewed with the provider during an exit conference and ultimately they are to respond with what the agency refers to as a plan of correction (POC). In some instances either KDHE or Center for Medicare/Medicaid Services (CMS) may send the form to the provider and request a POC be submitted, the form signed, dated and returned.

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Regardless of how the form gets to the provider, whether that be through a surveyor, Bureau staff or CMS, it has always been delivered to them as a hard copy. The provider has had to type their response on the form, sign, date and return via the mail system as they are not able to place the document on their computer in order to type a response. The process is not only slow and cumbersome but an inefficient use of staff time.

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Providers & suppliers have requested the agency transmit the CMS-2567 to them electronically. Interest has been expressed by other States as well. We have a provider community willing to work with us on change that would certainly benefit all parties.

Our past practice in KANSAS has been to convert the document to WORD and then send to the provider. There has been some criticism that a WORD document could be altered. Also that the process for survey staff is labor intensive. Meaning that mistakes in converting to WORD can and are made.



RECOMMENDATION

KDHE recommends our survey staff convert the CMS-2567 (Statement of Deficiency) from their computers to a Pdf form that surveyors are entering into a computer based system called ASPEN Explore. They would then be able to transmit it to the provider as a document the provider can review. The provider would be instructed to provide a response to the State via e-mail on a separate document provided by the agency.

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RECOMMENDATION (continued)

This process will permit the provider to detach a form and type their response on their computer file document. Also, it will not require the surveyor to do any formatting of the document to send. It can then be returned to the State via an e-mail attachment. The CMS-2567 cannot be altered when placed in this format.

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Step One:

The first step for the State is to set up e-mails for anyone that will be sending out CMS-2567 .



in this is addressed is to confirm receipt to sender:

From the state Licensure and Federal Certification survey completed at your facility, inserting your plan(s) of correction on the form provided at the bottom of this e-mail first page and **FAX the signature page to 785-291-3419** and e-mail everything.

Provide a step-by-step description of the methods used to correct each deficient item. Address how the deficiency was corrected, the completion date the correction was made, and how recurrence will be prevented. Simply stating that the deficiency has been "corrected" to staff may be necessary, it is not an adequate plan of correction by itself. A deficiency is corrected and will not recur.

Correction for the deficiencies on the form provided within the next 10 days and have any questions or concerns please feel free to call.

plan of correction from deficiencies cited on the CMS-2567:

the CMS-2567 below, sign and date the first page after responding to each of the deficiencies. Correction (POC) form for providing a response to the deficiencies. Detach the first page and fax to KDHE by e-mail.

POC to KDHE by e-mail.

with your POC remember to FAX a copy of the signature page.

document(s) remaining

Power Point Slides

ASPEN Complaints...

Facility Explorer

Body of message

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

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E-mail content:

The e-mail should contain the same information the State would send to the provider were they sending it via the mail system on letter head. The only difference is that the notice is in e-mail format rather than a letter.

One thing we have found important to include is a notice to the provider to advise the State upon receipt of the e-mail. Thus confirming their receipt of the CMS-2567.

Note sample on next slide.

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Sample of how our e-mail would appear to the provider:

- **The Individual to whom this is addressed is to confirm receipt to sender:**
- Attached is a copy of the results from the state Licensure and Federal Certification survey completed at your facility. Please respond to the CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom of this e-mail. Print a copy of the CMS-2567 indicated below, sign and date first page and **FAX the signature page to 785-291-3419 and e-mail everything else to Anita Hodge. There is no need to mail any documents.**

An instruction guide would be attached indicating how to respond and can be accessed by the provider.

The Statement of Deficiencies would appear here that can be printed by the provider. Thus eliminating mailing costs by the state.

The provider will be given a form that could be detached and used as their response to the statement of deficiencies.

- Detach the PDF form of CMS-2567 below, sign and date each of the deficiencies.
- Use the attached Plan of Correction (POC) form for providing the form to your computer and respond a email.
- 3. When returning e-mail with your POC remember to FAX
- **Follow the Guide below:**
- **The following is a copy of your CMS-2567 (Statement of Deficiency) to you must provide a Plan of Correction:**
- (Surveyor will insert CMS2567 in pdf form and label with provider name and survey date)
- **Use the following form when responding to the CMS-2567 (Statement of Deficiency)**
- **Sample POC>>**

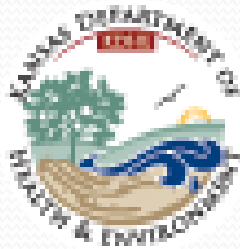


Kansas has designed a specific set of instructions that is attached to the provider/supplier e-mail that gives them further instructions as to how this process works. It is something Kansas designed in Power point and then saved it as a **pdf** form. The following page is a sample.

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INSTRUCTIONS to Provider/Supplier on Detaching the CMS-2567 to your computer



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Instruction Booklet:

If you have questions regarding your plan of correction, contact the following staff:

* Hospitals, Ambulatory Surgical Centers, LTCU, Birthing Centers - Contact: State Survey Manager at 785-296-0127

*HHA, Rural Health Clinic, Hospice, OPPT, ESRD, X-RAY, CORF - Contact: Certification Coordinator at 785-296-1263

FAX NUMBER: 785-291-3419

Checklist

Before submitting your plan of correction, please use the checklist below to prevent delays.

- Have you provided a plan of correction for **each** deficiency listed?
- Does **each** plan of correction show a **completion date** in the right-hand column?
- Is each plan **descriptive** as to how the correction will be accomplished?
- Have you indicated what staff position will **monitor** the correction of **each** deficiency?
- Has the administrator or another authorized official **signed** and **dated** the first page of the Statement of Deficiencies?
- If you included any **attachments**, have they been **identified** with the corresponding deficiency number or identified with the page number to which they are associated? If you included exhibits, have they been so identified?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines. Note: Failure to submit an acceptable plan of correction could result in the revocation and end of your facility's Certification in Medicare/Medicaid, State License or both.



Kansas Department of Health and Environment
Bureau of Child Care & Health Facilities, Health Facilities Program
1000 SW Jackson, Suite 200, Topeka KS 66612-1365
FAX (785) 291-3419

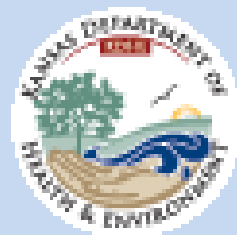
Statement of Deficiencies and Plan of Correction

Instructions regarding the
submission of a
plan of correction (POC)
for

**Resurvey's,
Revisit's and
Complaint Survey's**

(Rev. 10/12/09)

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Sample CMS-2567

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17- _____		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED _____
NAME OF PROVIDER OR SUPPLIER Oldtown Community - Home Health Agency				STREET ADDRESS, CITY, STATE, ZIP CODE Main Street Oldtown, KS 66600		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS The following citations represent the findings of the resurvey # _____					
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G 163	484.18(b) PERIODIC REVIEW OF PLAN OF CARE	G 163			9/1/04	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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The provider will be instructed in their e-mail to respond as follows:

- 1. Detach the PDF form of the CMS-2567 from the e-mail, sign and date the first page after responding to each of the deficiencies.
- 2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer & respond. Return the POC to KDHE by e-mail.
- 3. When returning the e-mail with the POC the provider is instructed to FAX a copy of the signature page.

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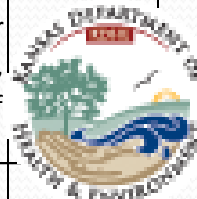


A form will be attached to the e-mail that will give the provider a form on which to respond with their POC:

[illegible]

Here is a sample of how that might appear when completed by the provider:

PLAN OF CORRECTION (SAMPLE)		
Provider/Supplier Name: ➡	Oldtown Community Hospital	Survey Date ➡
STREET ADDRESS, CITY, ZIP: ➡	321 Main Street, Oldtown 66600	05/21/2009
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17- ➡	1981
(X4) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A043	Keys were hung on 5/11/09; however, the locks were then removed from the obstetrics department. The Maintenance Supervisor will conduct inspections to ensure that locks are not replaced. The Safety Committee Chairperson will also conduct inspections to verify the locks have not been replaced. The Board will continue to conduct quarterly inspections of the facility.	05/22/2009
A144	Education will be provided to staff members will include Policy MS 2168, Decubitus Ulcer Prevention. See attached Policy MS2168. Patients admitting with risk under "skin" will have an air mattress applied. Patients admitting with risk of pressure sores who are unable to reposition themselves will be placed on turning schedule. The Charge Nurse will monitor patients admitted during shift for any infectious processes and will initiate the appropriate precautions to control the spread of infection. Each Med/Surg nurse will be responsible to monitor the Turn Schedule Sheet during their shift, as assessments warrant. The Med/Surg Manager will be responsible for monitoring patients with risk under "skin" or pressure sores. The Chief Nursing Officer will ensure appropriate precautions are taken by monitoring activity.	06/21/2009
A263	We will have implemented a hospital-wide quality program involving continuous measurement of quality and improvement. We will be using the model used by the Rural America, the Multi-State Rural Hospital Quality and Performance Improvement Project. We will be using QA Calendars to monitor adverse patient events and other aspects of our hospital's services. The Director of Quality Assurance will monitor departmental quality assurance which will include each department of the hospital, including but not limited to Maintenance and Health Information. The Chief Executive Officer will conduct inspections to ensure follow through of program.	



The survey staff will leave an instruction booklet with the provider as well as a sample of how the POC is to be completed. The e-mail will also contain the instructions and sample form(s).

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INSTRUCTIONS to SURVEY STAFF

How to send a CMS 2567 .



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STEP ONE:

Setting up your
stationary e-mail:



Step one:

Set up your e-mail so that you have “stationary” to attach the CMS-2567 to each time. The top portion of the e-mail sent to you should look like this:

Charles Moore 10/13/2009 09:22 AM	To: <input type="text"/> cc: <input type="text" value="ahodge@kdheks.gov"/> bcc: <input type="text"/> Subject: <input type="text" value="E-mail 2567"/>
---	--

The Individual to whom this is addressed is to confirm receipt to sender:

Attached is a copy of the results from the state Licensure and Federal Certification survey completed at your facility. Please respond to the CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom of this e-mail. Print a copy of the CMS-2567 indicated below, sign and date first page and **FAX the signature page to 785-291-3419** and e-mail everything else to Anita Hodge. There is no need to mail any documents.

The Plan of Correction must provide a step-by-step description of the methods used to correct each deficient practice to prevent recurrence. The Plan of Correction must address how the deficiency was corrected, the completion date the correction was accomplished or will be accomplished and how possible recurrence will be prevented. Simply stating that the deficiency has been "corrected" is not acceptable. Although instruction or in service to staff may be necessary, it is not an adequate plan of correction by itself. Additional steps must be documented to ensure the deficiency is corrected and will not recur.

Again , please submit a plan of correction for the deficiencies on the form provided within the next 10 days and return electronically by sending to Anita Hodge at KDHE. If you have any questions or concerns please feel free to call.

Instructions for responding with a plan of correction from deficiencies cited on the CMS-2567:

1. Detach the PDF form of the CMS-2567 below, sign and date the first page after responding to each of the deficiencies.
2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer, respond and the return the POC to KDHE by e-mail.
3. When returning the e-mail with your POC remember to FAX a copy of the signature page.

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The bottom portion of your e-mail will have the attachments and should look like this:

Follow the Guide below:

Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx **Also, PDF instructions for POC>>** CMS-2567 by E-Mail.ppt-f

The following is a copy of your CMS-2567 (Statement of Deficiency) to which you must provide a Plan of Corre

Surveyor inserts 2567 HERE

Use ONE of the following forms when responding to the CMS-2567 (Statement of Deficiencies):

(choose one)>> Providers POC.xlsx **other version>>** Providers POC-97.xls

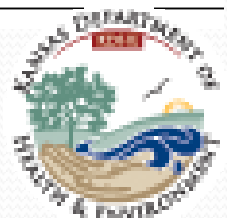
Sample POC>> Sample POC.xlsx

Return to:
Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

785-296-0127 Desk Phone
785-291-3419 FAX
ahodge@kdhe.state.ks.us

Body of message

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At the very bottom of your e-mail there will be information about who to call for assistance:

Return to:

**Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365**

**785-296-0127 Desk Phone
785-291-3419 FAX
ahodge@kdhe.state.ks.us**

If you are needing assistance with any of the forms or documents, please contact Charles Moore at 785-296-0131.



The provider will be instructed to call me should they have any problems with printing the document, detaching, how to return, etc.

Hi-light the document sent to you by our office and copy to your stationary:

Subject: [REDACTED]

The Individual to whom this is addressed is to confirm receipt to sende

Attached is a copy of the results from the state Licensure and Federal Certification survey completed CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom of indicated below, sign and date first page and **FAX the signature page to 785-291-3419** and e-mail e need to mail any documents.

The Plan of Correction r
The Plan of Correction r
accomplished and how
Although instruction or i
documented to ensure t

Hi-light area to be copied to stationary and click on "copy".

description of the methods used to c
was corrected, the correction
ing that the de
an adequate plan of
occur.

Again , please submit a
to Anita Hodge at KDHE

Instructions for respond

1. Detach the PDF
2. Use the attached
respond and the return the POC to KDHE by e-mail.
3. When returning the e-mail with your POC remember to FAX a copy of the signature page.

deficiencies cited on the CMS-2567:

sign and date the first page after responding to
for providing a response to the deficiencies.

Follow the Guide below:

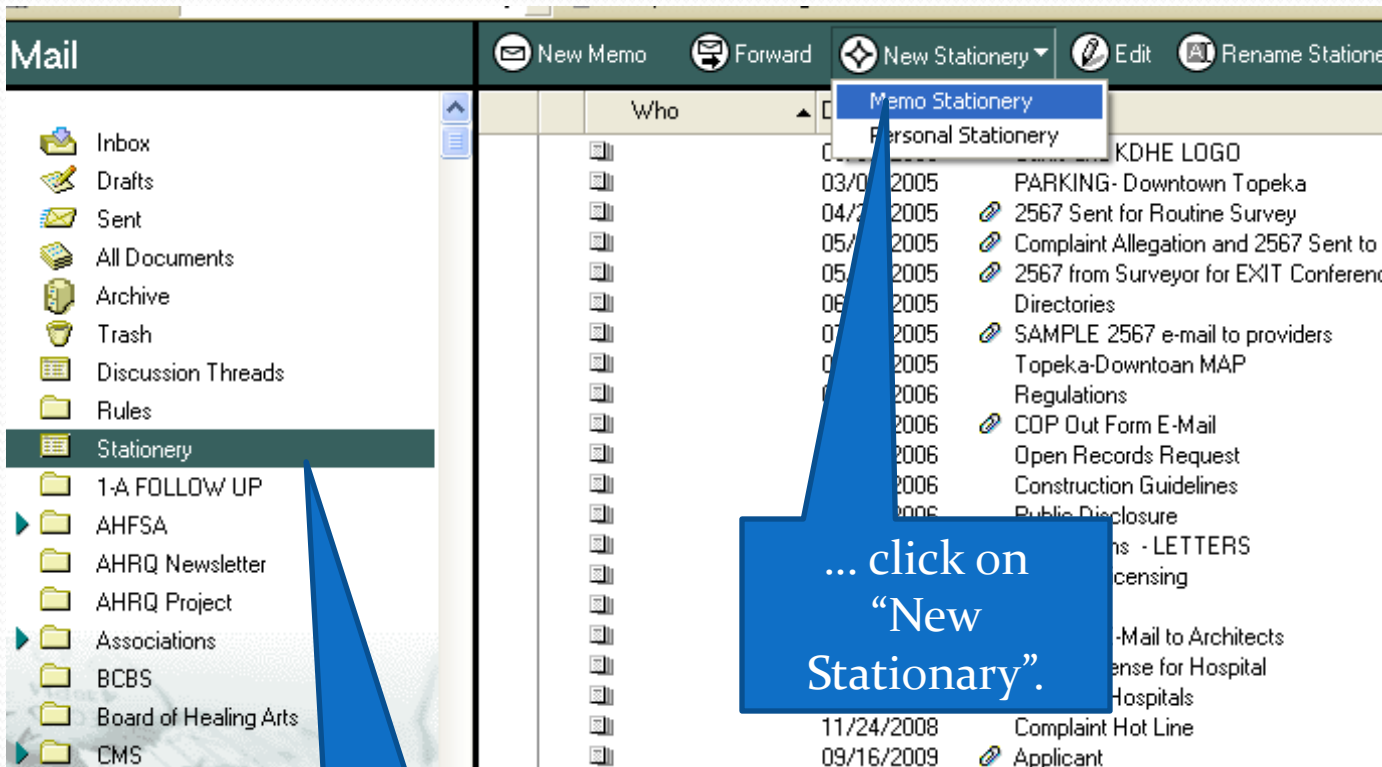
Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx **Also, PDF instructions for PC** 2567 by

The following is from CMS-2567 (Part 1) (Deficiency)

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Go to the Stationary Tab and left click:



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... and when you click on
“memo stationary” the
following should appear:

Discard Changes Save Delivery Options... Tools

Charles Moore
10/23/2009 02:57 PM
Stationery name: Untitled-

To:
cc:
bcc:
Subject:

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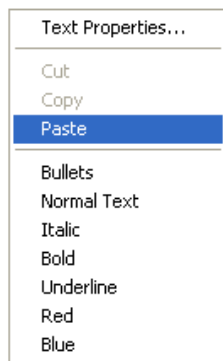


Place your cursor on the page and right click to paste your copy.

Changes Save Delivery Options... Tools

Charles Moore
10/23/2009 02:57 PM
Stationery name: Untitled-

To: _____
cc: _____
bcc: _____
Subject: _____

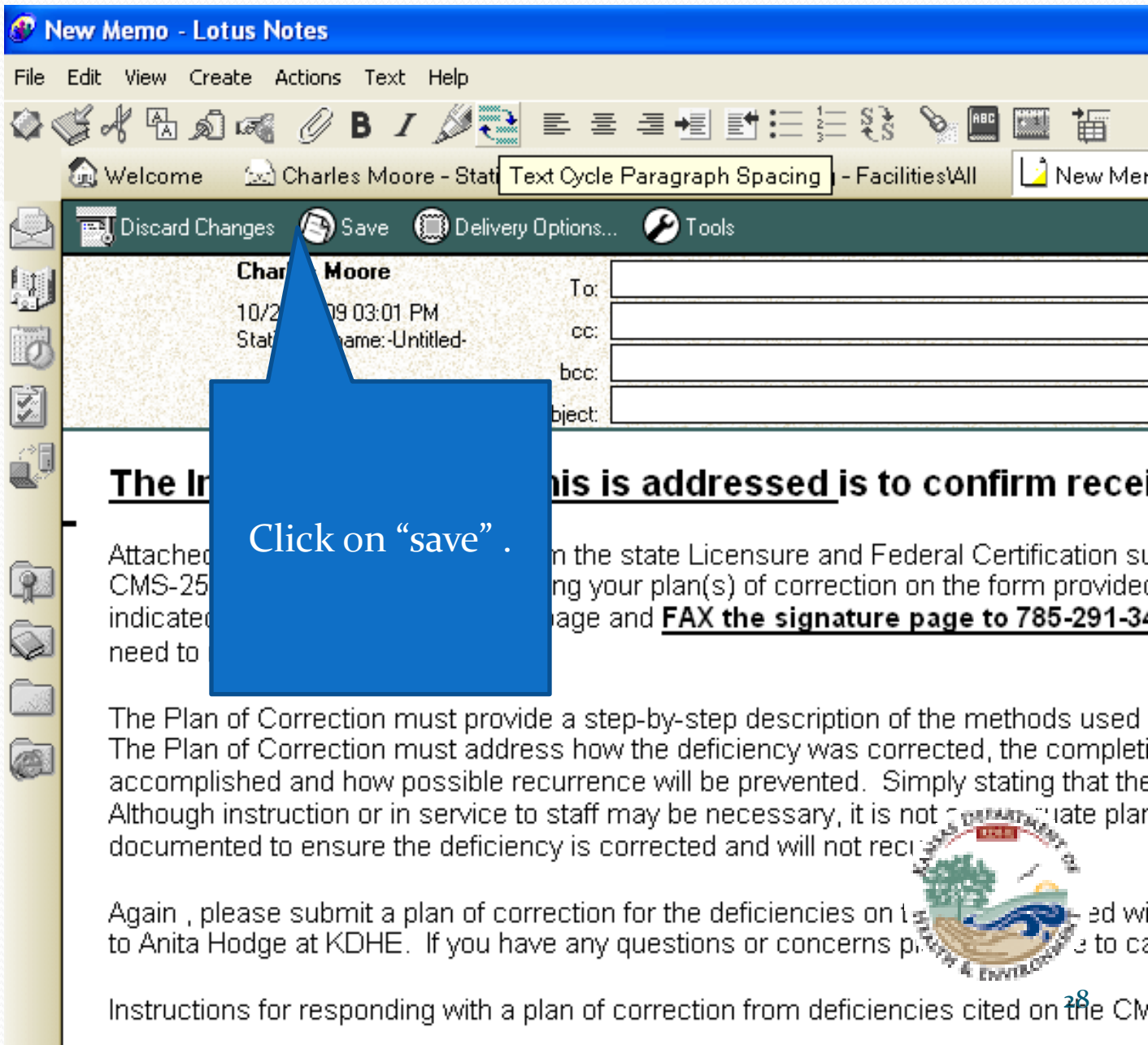


Click on
paste.

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The copied e-mail should appear on the screen with all the attachments. **SAVE!**



The screenshot shows the Lotus Notes 'New Memo' window. The title bar reads 'New Memo - Lotus Notes'. The menu bar includes 'File', 'Edit', 'View', 'Create', 'Actions', 'Text', and 'Help'. The toolbar contains various icons for editing and formatting. The address bar shows 'Welcome', 'Charles Moore - Stat', 'Text Cycle Paragraph Spacing', and 'Facilities\All'. The 'New Memo' button is highlighted. The memo header shows 'Charles Moore' as the sender, with a date of '10/2/09 03:01 PM' and a status of 'State: name: Untitled-'. The 'To:', 'cc:', 'bcc:', and 'Subject:' fields are empty. A blue callout box with a pointer to the 'Save' button contains the text 'Click on “save” .'. The memo body contains the following text:

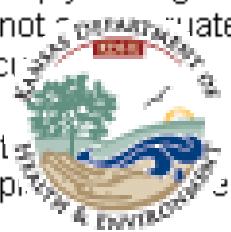
The In this is addressed is to confirm rece

Attached CMS-25 indicated need to

The Plan of Correction must provide a step-by-step description of the methods used. The Plan of Correction must address how the deficiency was corrected, the completion accomplished and how possible recurrence will be prevented. Simply stating that the Although instruction or in service to staff may be necessary, it is not appropriate plan documented to ensure the deficiency is corrected and will not recur.

Again , please submit a plan of correction for the deficiencies on the attached with to Anita Hodge at KDHE. If you have any questions or concerns please call to call

Instructions for responding with a plan of correction from deficiencies cited on the CM



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Save the document with a name you will recognize whenever you open your stationary:

The screenshot shows a Lotus Notes email window. The email header includes the name "Charles Moore", the date "10/23/2009 03:07 PM", and the subject "Stationery name: -Untitled-". The email body contains the text "our CMS-2567 (Statement of Deficiency) to which you must provide ONE of the following forms when responding to the CMS-2567 (Statement of Deficiency):". Below this text are two links: "see one)>> Providers POC.xlsx" and "other version>> Providers POC". At the bottom left is the Kansas Department of Health & Environment logo, and next to it is the text "Sample POC.xlsx".

Callout 1: A blue box with the text "Title Stationery and then ..." has a pointer directed at the "Stationery name: -Untitled-" field in the email header.

Callout 2: A blue box with the text "...click 'OK'." has a pointer directed at the "OK" button in the "Lotus Notes" dialog box.

Lotus Notes Dialog Box: The dialog box is titled "Lotus Notes" and contains the text "What would you like to call this stationery?". Below this text is a text input field containing "New 2567 E-mail". To the right of the input field are two buttons: "OK" and "Cancel".

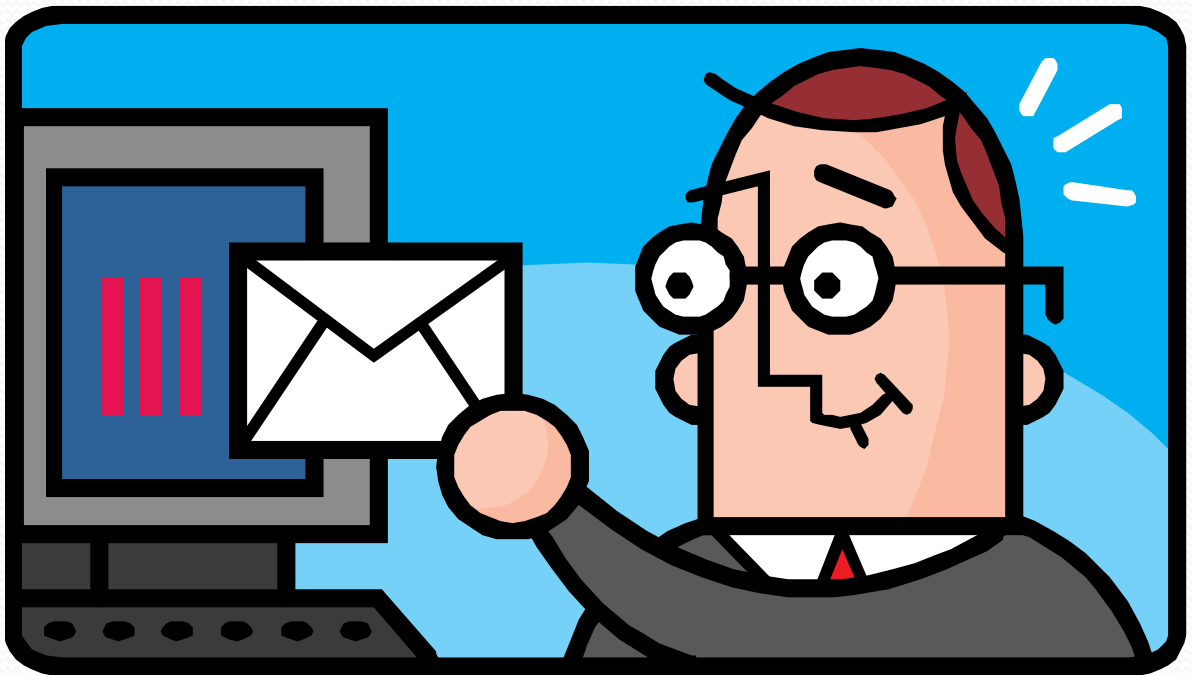
You only need to create the document one time. From this point forward you can use the “stationary” over and over on each new provider needing a CMS-2567

You are now ready to save a copy of the CMS-2567 to your file so that you can e-mail it to the provider.

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Step Two – Saving the CMS-2567 to a PDF form so that it can be mailed to the provider electronically.



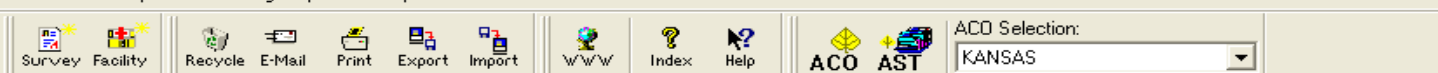
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The following instructions are to be followed by survey staff when “exporting” the 2567 to their computer:

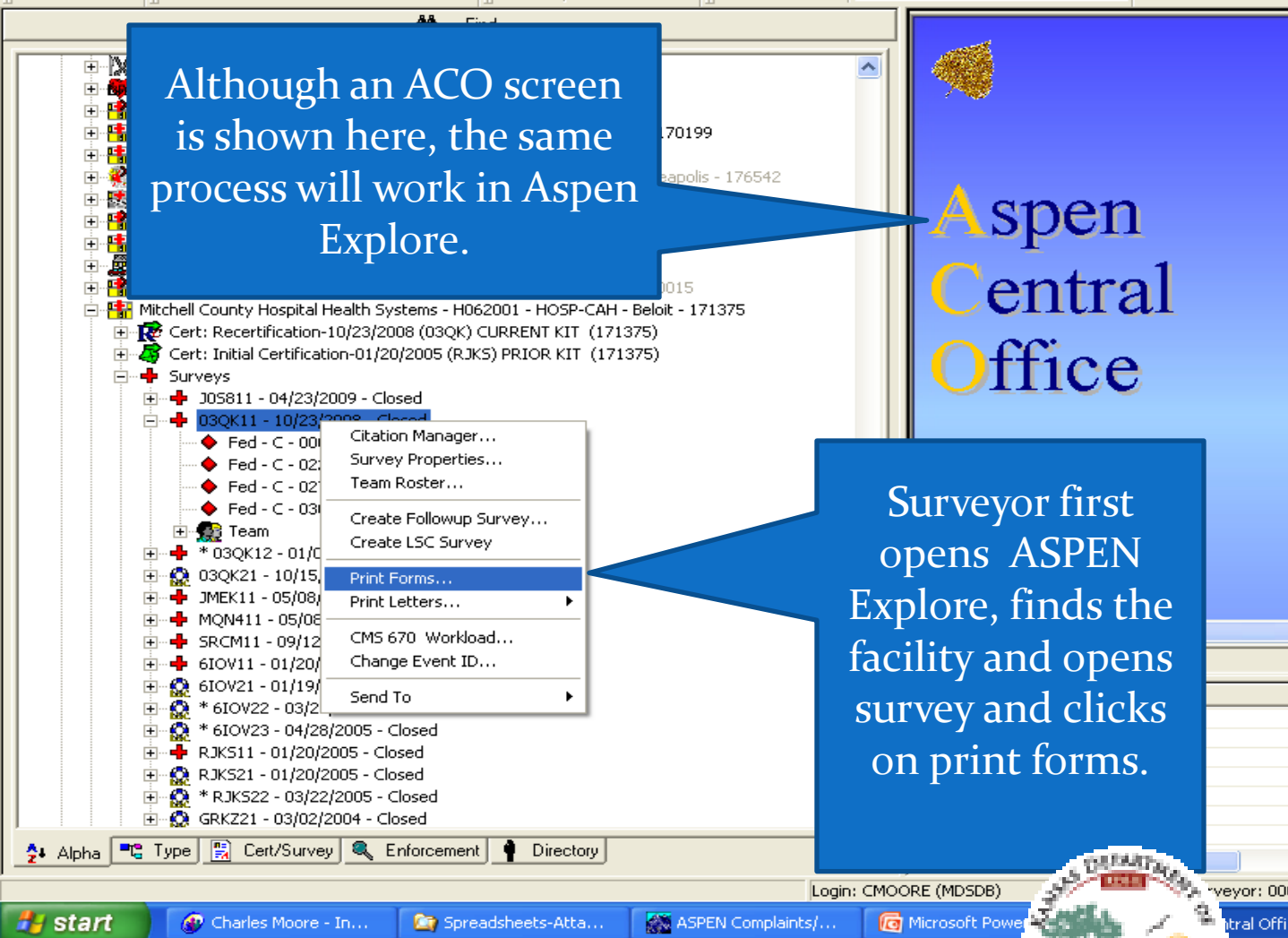
ASPEN Central Office Current Selection: KANSAS

File View Reports Tracking System Help



Although an ACO screen is shown here, the same process will work in Aspen Explore.

Surveyor first opens ASPEN Explore, finds the facility and opens survey and clicks on print forms.



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Next:

ASPEN Central Office Current Selection: KANSAS

File View Reports Tracking System Help

Survey Facility Recycle E-Mail Print Export Import W/W/W Index Help

Find

... then select
print form 2567
and click "OK".

Select Form(s) to print

Standard Reports

☒ CMS 2567

☐ CMS 2567B

☐ CMS 670

670 Entry...

☐ CMS 1539 (C&T)

1539 Entry...

☐ S/S Grid

☐ Quick Report

CLIA Reports

☐ CMS 1557

1557 Entry...

OK

Cancel

Help

Alpha Type Cert/Survey Enforcement Directory

Login: CMO

Active

start Charles Moore - In... Spreadsheets-Atta... ASPEN Complaints/... Microsoft PowerPoi... ASPEN

Next

Be sure to un-check the box indicating surveyor names/numbers. Then press OK.

ASPEN Central Office Current Selection: KANSAS

File View Reports Tracking System Help

Survey Facility Recycle E-Mail Print Export Import W/W Index Help

Find

- Shawnee Mission Medical Center - H046004 - HOSP-ACU - Shawnee Mission - 17010
- Shawnee Mission Prairie Star Surgery Center Llc - 5046037 - ASC - Lenexa - 17C000
- Shawnee Mission Surgery Center - 5046018 - ASC - Shawnee Mission - 17C000
- Sheridan Co Hospital Hha - A090001 - HHA-18 - Hoxie - 177012
- Sheridan County Hospital - SHERIDANCLOSED - HOSP-CAH - 177012
- Sheridan County Hospital - H090001 - HOSP-CAH - 177012
- Shsi Inc - A046137 - HHA-S - Overland Park - 177012
- Siena Health Care Inc - A087053 - HHA-S - Overland Park - 177012
- Sitters And More, Inc - A028011 - HHA-S - Overland Park - 177012
- Skin And Mohs Surgery Center - 5046037 - ASC - Lenexa - 17C000
- Cert: Recertification-10/21/2009
- Cert: Initial Certification-08/04/2009
- Surveys
 - IA5D11 - 10/21/2009 - Open
 - Fed - Q - 0000 - Initial Co
 - Fed - Q - 0105 - Emergen
 - Fed - Q - 0161 - Organiza
 - Fed - Q - 0162 - Form And
 - Fed - Q - 0241 - Sanitary
 - St - S - 000 - Initial Comm
 - St - S - 0575 - Infection C
 - St - S - 0835 - Physical En
- Team
 - IA5D21 - 10/21/2009 - Open
 - 8FTT11 - 07/17/2003 - Closed
 - 8FTT21 - 08/04/2003 - Closed
 - IWLX11 - 07/17/2003 - Closed
 - IWLX21 - 08/04/2003 - Closed
 - W73411 - 07/16/2003 - Closed
- FMS Surveys
- Administration
- Ownership
- Beds
- Affiliations
- Services

Federal

State

Customize Survey Report Form (CMS 2567)

Include the Following Components on the Survey Report

- ☐ Include Surveyor ID Numbers
- ☒ Include Severity and Scope Data
- ☒ Include Tag 9999
- ☐ Include Team List on Last Page
- ☐ Include POC Text
- ☐ Only Active Surveyor's Info
- ☐ Use Original Name
- ☐ Use Large Font
- ☐ Print Citation Summary page

OK

Cancel

Help

When State tags are indicated, be certain to check this box so that state deficiencies appear.



Charles Moore - Info...

2-Process for 2567 E...

ASPEN Central Office...

Microsoft PowerPoint...

Login: CMOORE (MDSDB)

TH AND HUMAN SERVICES
RE & MEDICAID SERVICESPRINTED: 10/13/2009
FORM APPROVED
OMB NO. 0938-0391(X1) PROVIDER/SUR
IDENTIFICATION

17

(X3) DATE SURVEY
COMPLETED

10/23/2008

TAL HEALTH SYS

STATEMENT OF DEFICI
CY MUST BE PRECE
R LSC IDENTIFYING INF

NTS

iciencies represent the finding of
Hospital resurvey.

MAINTENANCE

ousekeeping and preventive
grams to ensure that-

are clean and orderly;

is not met as evidenced by:
ation and interview the Critical
(CAH) failed to ensure a clean
ises. This deficient practice had
effect all current and future
AH.

d:

n 10/20/08 between 1:15pm and
erating rooms #1, #2 and #3
ole stereo sitting on a cart in
resing in the cooler system

A 2567 like this
should appear.
Right click and
select "export". Be
certain to export all
CMS-2567's (state
and federal).

C 225

First Page
Previous Page
Next Page
Last Page
Close Current Drill Down View

Print
Export
Refresh

Search
Search Expert

✓ Toolbar
Freeze Pane



The box indicated should appear that indicates the form will be formatted to a Pdf document. Click OK.

NT OF HEALTH AND HUMAN SERVICES
OR MEDICARE & MEDICAID SERVICES

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	10/23/2008
----------------------------	--	--	------------

DER OR SUPPLIER

OUNTY HOSPITAL HEALTH SYSTEMS

STREET ADDRESS, CITY, STATE, ZIP CODE
400 W 8TH STREET BOX 399

SUMMARY STATEMENT
(EACH DEFICIENCY)
REGULATORY OR LSC

ADDITIONAL COMMENTS:

Following deficiency
Critical Access Ho
6.623(b)(4) MAIN

CAH has house
maintenance programs to ensure that-

the premises are clean and orderly;

STANDARD is not met as evidenced by:
Based on observation and interview the Critical
Access Hospital (CAH) failed to ensure a clean
and orderly premises. This deficient practice had
potential to affect all current and future
patients of the CAH.

Findings included:

Observation on 10/20/08 between 1:15pm and
5pm of the operating rooms #1, #2 and #3
revealed a portable stereo sitting on a cart in
the room, the openings in the speaker system

Export

Format:

Acrobat Format (PDF)

Destination:

Disk file

OK

Cancel



1 / 5

Check OK.

OF HEALTH AND HUMAN SERVICES
R MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2009
FORM APPROVED
OMB NO. 0938-0391

CIENCIES ECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 171375	(X2) MULTIPLE COMPLETION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2008
--------------------	--	--	--

R OR SUPPLIER

NTY HOSPITAL HEALTH SYSTEMS

STREET ADDRESS, CITY, STATE, ZIP CODE
400 SOUTH STREET P O BOX 399
ST. LOUIS, MO 63103

SUMMARY STATEMENT OF
ACH DEFICIENCY MUST BE P
GULATORY OR LSC IDENTIFY

Export Options

Page Range

☒ All

☐ Page Range:

From:

1

To:

1

OK

Cancel

AL COMMENTS

Following deficiencies rep
cal Access Hospital res
23(b)(4) MAINTENANC

CAH has housekeeping and preventive
enance programs to ensure that-

premises are clean and orderly;

STANDARD is not met as evidenced by:
d on observation and interview the Critical
s Hospital (CAH) failed to ensure a clean
rderly premises. This deficient practice had
ntential to affect all current and future
ts of the CAH.

gs included:

ervation on 10/20/08 between 1:15pm and
m of the operating rooms #1, #2 and #3
ed a portable stereo sitting on a cart in
room, the speaker in the speaker system



The surveyor will select a file where they want the document saved on their computer. The name of the file will appear as “02567.pdf”. Surveyors should give the file a unique extension such as the provider name and date of survey as indicated below. This way the file can be easily identified. Note how entry is made.

02567.pdf Oldtown Hospital 10-23-08

Form: MITCHELL

File

Statement of Def

1-Screen Prints

A-B

C-D

E-F

G-H

I-J-K

L

M-N

O-P-Q

R

S-T

U-V

W

X-Y-Z

File name: 02567.pdf Oldtown Hospital 10-23-08

Save

Save as type: Portable Document Format (*.pdf)

Cancel

maintenance programs to ensure that-

(4) the premises are clean and orderly;

This STANDARD is not met as evidenced by:
Based on observation and interview the Critical Access Hospital (CAH) failed to ensure a clean and orderly premises. This deficient practice had the potential to affect all current and future patients of the CAH.

Findings included:

- Observation on 10/20/08 between 1:15pm and 2:15pm of the operating rooms #1, #2 and #3 revealed a portable stereo sitting on a cart in each room, the premises is the speaker system

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)



t file



- Statement
- 1-Screen
- A-B
- C-D
- E-F
- G-H
- I-J-K
- L
- M-N
- O-P-Q
- R
- S-T
- U-V
- W
- X-Y-Z

When there is a federal CMS-2567 to send the provider and a State “Statement of Deficiencies” to be sent, it would be helpful to indicate which you are attaching.

Note sample.....

02567.pdf **Federal**-Oldtown Hospital 10-23-08

Note that we have inserted the word “federal” so that the provider will know this is for a federal survey.

This STANDARD is not met as evidenced by:
Based on observation and interview the Critical Access Hospital (CAH) failed to ensure a clean and orderly premises. This deficient practice had the potential to affect all current and future patients of the CAH.

Findings included:

- Observation on 10/20/08 between 1:15pm and 2:15pm of the operating rooms #1, #2 and #3 revealed a portable stereo sitting on a cart in each room, the speaker in the speaker system



The file is now ready to be attached to the surveyors e-mail that is to be sent to the provider.

This is just the lower portion of the e-mail showing where the surveyor inserts the Pdf document (i.e. the CMS-2567) from their computer.

As noted in previous slides, there may be occasions when you are sending both a federal and a State "Statement of Deficiency". Be certain to include both for the provider in one e-mail.

Follow the Guide below:

2-Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx

The following is a copy of your CMS-2567 (Statement of Deficiency) to which you must provide a Plan of Correction:

(Surveyor will insert CMS2567 in pdf form and label with provider name and survey date)

Use the following form when responding to the CMS-2567 (Statement of Deficiency)

Providers POC.xlsx

Sample POC

Return to:

**Hodge RN, State Survey Manager
of Child Care and Health Facilities
Jackson, Suite 200
KS 66612-1365**

**127 Desk Phone
3440 FAX**

The guide will appear above the CMS-2567 and the POC form to be used by the provider will appear on the e-mail each time it is sent.



STEP THREE: Sending the CMS-2567 to the provider.



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Type in the providers e-mail address.

Forward Send Send and File Save As Draft Address... De

Charles Moore
10/13/2009 09:22 AM

To: jcrabtree@hometown.com
Cc: ahodge@kdheks.gov
Bcc:
Subject: E-mail 2567

Type in e-mail address of provider first. Usually this is the administrators e-mail.

Subject: This should be specific. Indicate something like **"Hometown Hospital Survey of 10-23-07"**

Statement of Deficiency and POC Instructions HEALTH 1

the following is a copy of your CMS-2567 (Statement of Deficiency)

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Hi-light portion indicated for CMS-2567:

Step #1
Hi-light where 2567 is to be pasted.

Step #2
Click on "File Attach".

Step #3
Locate files to be attached.

Follow the Guide below

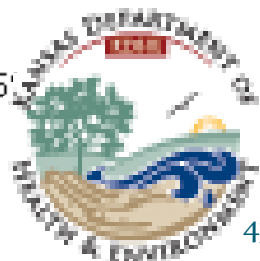
Statement of Deficiency and

The following is a copy of your CMS-2567 (Statement of Deficiency) to which you must

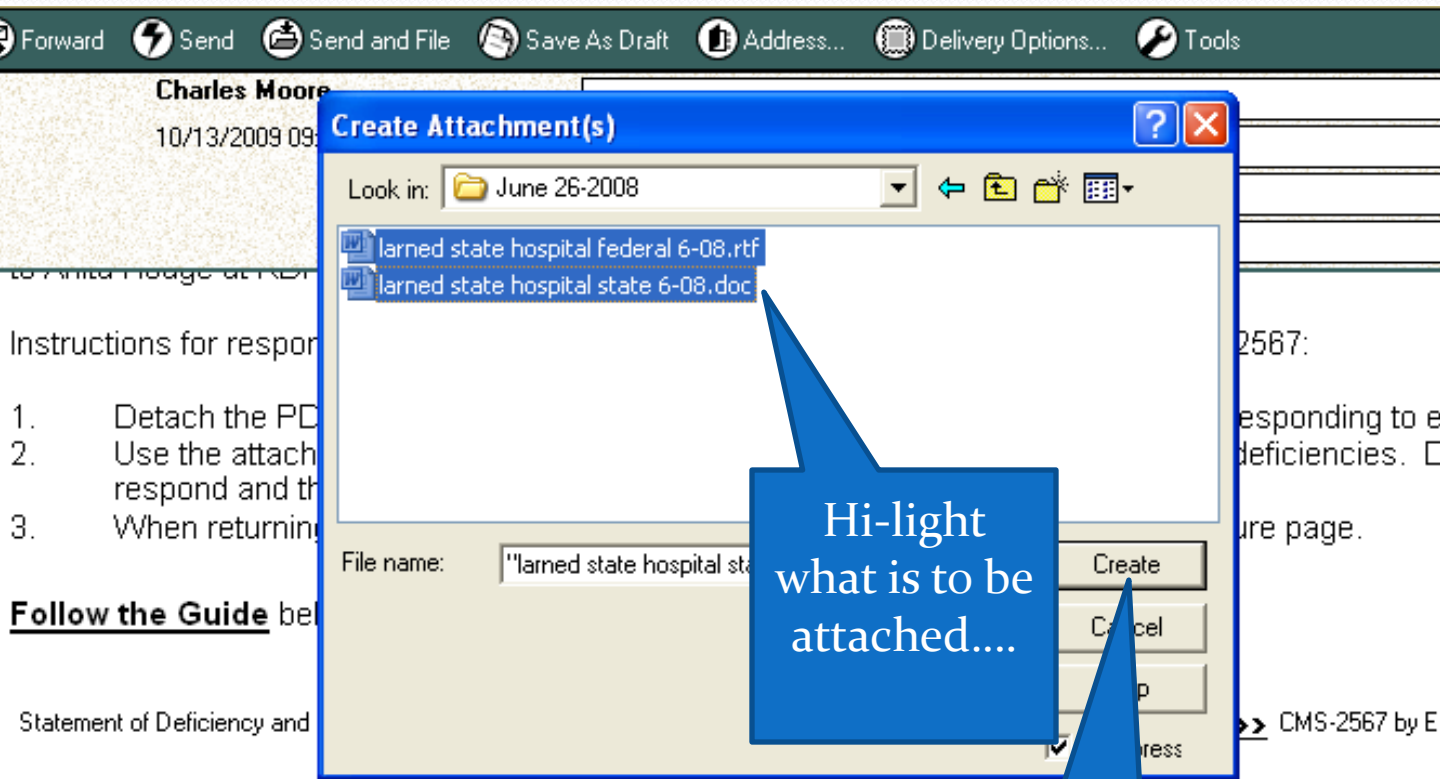
Surveyor inserts 2567 HERE

Use ONE of the following forms when responding to the CMS-2567

(choose one)>> Providers POC.xlsx **other version>>>** Providers POC-97.xls



Hi-light what you want to attach to e-mail:



Surveyor inserts 2567 HERE

Use ONE of the following forms when responding to the deficiencies):

(choose one)>> Providers POC.xlsx **other version>>** Providers

Sample POC>> Sample POC.xlsx

Return to:
Anita Hodge RN, State Survey Manager



The documents in your file should appear on the e-mail.

The files
should
appear in the
e-mail.

welcome Charles Moore - Stationery Complaint Tracking - Facilities Mail E-mail 2007

Forward Send Send and File Save As Draft Address... Delivery Options... Tools

Charles Moore
10/13/2009 09:22 AM

Subject: Instructions for responding with a plan of correction to the CMS-2567:

to: Linda Hodge at KDHNE. If you have any questions, please contact me.

Instructions for responding with a plan of correction to the CMS-2567:

1. Detach the PDF form of the CMS-2567 (Statement of Deficiency) from the e-mail.
2. Use the attached Plan of Correction Instructions to respond and the return the PDF form to the deficiencies.
3. When returning the e-mail with the plan of correction, attach the signature page.

Follow the Guide below:

Statement of Deficiency and POC Instructions HEALTH 10-1-09.docx **Also, PDF instructions for POC>>>** CMS-2567

The following is a copy of your CMS-2567 (Statement of Deficiency) to which you must provide a Plan of Correction.

larned state hospital state 6-08.doc larned state hospital federal 6-08.rtf

Use ONE of the following forms when responding to the CMS-2567 (Statement of Deficiencies):

(choose one)>>> Providers POC.xlsx **other version>>>** Providers POC-97.xls

Sample POC>>> Sample POC.xlsx



Click SEND and be
happy!



You did it!

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sustainable environments.*



CMS-2567 is complete and is sent to Provider

At this point the response to the CMS-2567 in the form of a plan of correction is in the providers court.

The State should set up a system by which to follow up with providers to insure the POC's are returned.

Upon receipt of the POC they should be processed in accordance with CMS directives, approved and then attached to ACO by the Topeka office as follows:

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STEP FOUR:

“How to Attach POC to ACO”



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Assuming the provider had returned their POC by e-mail, the staff would detach and attach to a file on their computer.



"Amber Styles"
<Amber.Styles@LMH.ORG>

06/01/2007 05:43 PM

Subject:

To: <CMoore@kdhe.state.ks.us>, <mstovall@kdhe.state.ks.us>

cc: "Karen Shumate" <Karen.Shumate@LMH.ORG>, "Dana Hale" <Dana.Hale@LMH.ORG>

Subject: Lawrence Memorial Hospital Corrective Action Plans

Attached you will find Lawrence Memorial Hospital's Corrective Action Plans. Please contact me with response. Thank you.

Amber Styles
Director of Quality Services
Lawrence Memorial Hospital
325 Maine Street
Lawrence, KS 66044
P: 785-840-3157
F: 785-840-3149

Note: Provider
has attached
their POC and
has opted to
return it via e-
mail.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please



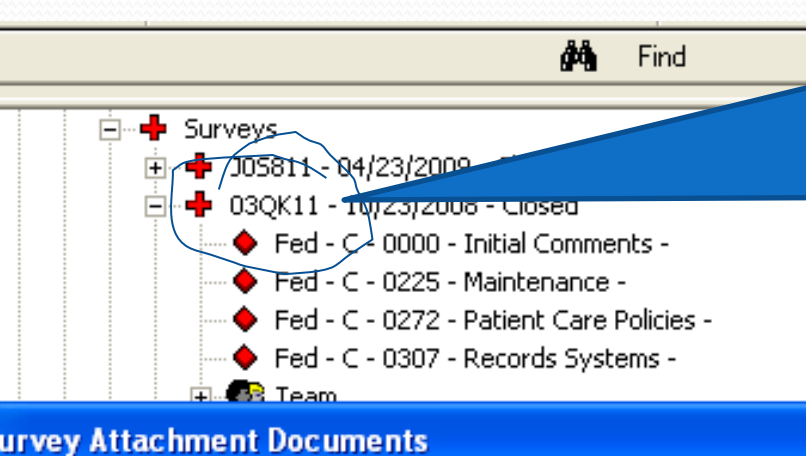
the original message. 170137 Corrective Action Plan 041907 - KDHE 1 of 11.rtf 170137 Corrective Action Plan 041907 - K

Once the document has been detached from the providers e-mail and placed on the staff's computer, it is ready to be attached to ACO for future reference.

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This is where the State would attach the POC's in ACO



#2 Enter the corresponding description already in ACO for the attachment name ...i.e. “03QK11”.

Survey Attachment Documents

Event	Description	File Name	Document
1	c:poc		Attach/View
2	03QK11	Oldtown POC.docx	Attach/View
3			

#1 The POC returned to the State is entered under the “attachments” in ACO. Click on attachments and enter description.

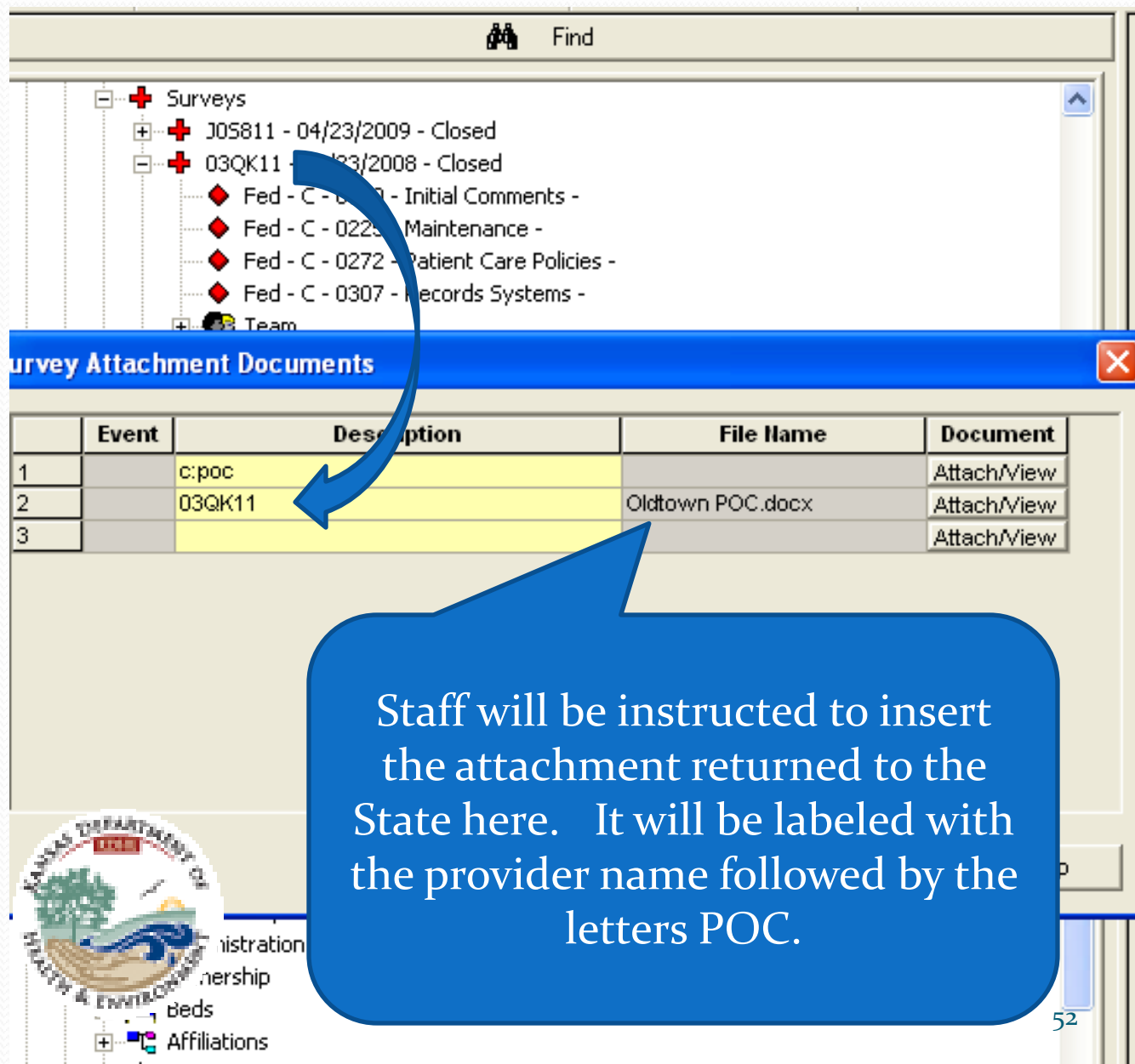
#3 The description of “03QK11” will identify the survey.

Event	Description	File Name	Document
1	c:poc		Attach/View
2	03QK11	Oldtown POC.docx	Attach/View
3			

- + Information
- + Relationship
- + Affiliations
- + Services
- + Residents
- + Attachments
 - c:poc -



The intent in labeling the attachments in this manner will be to make retrieval of the CMS-2567 and the providers POC as easy as possible.



Find

- Surveys
 - J05811 - 04/23/2009 - Closed
 - 03QK11 - 03/23/2008 - Closed
 - Fed - C - 0000 - Initial Comments -
 - Fed - C - 0220 - Maintenance -
 - Fed - C - 0272 - Patient Care Policies -
 - Fed - C - 0307 - Records Systems -
 - Team

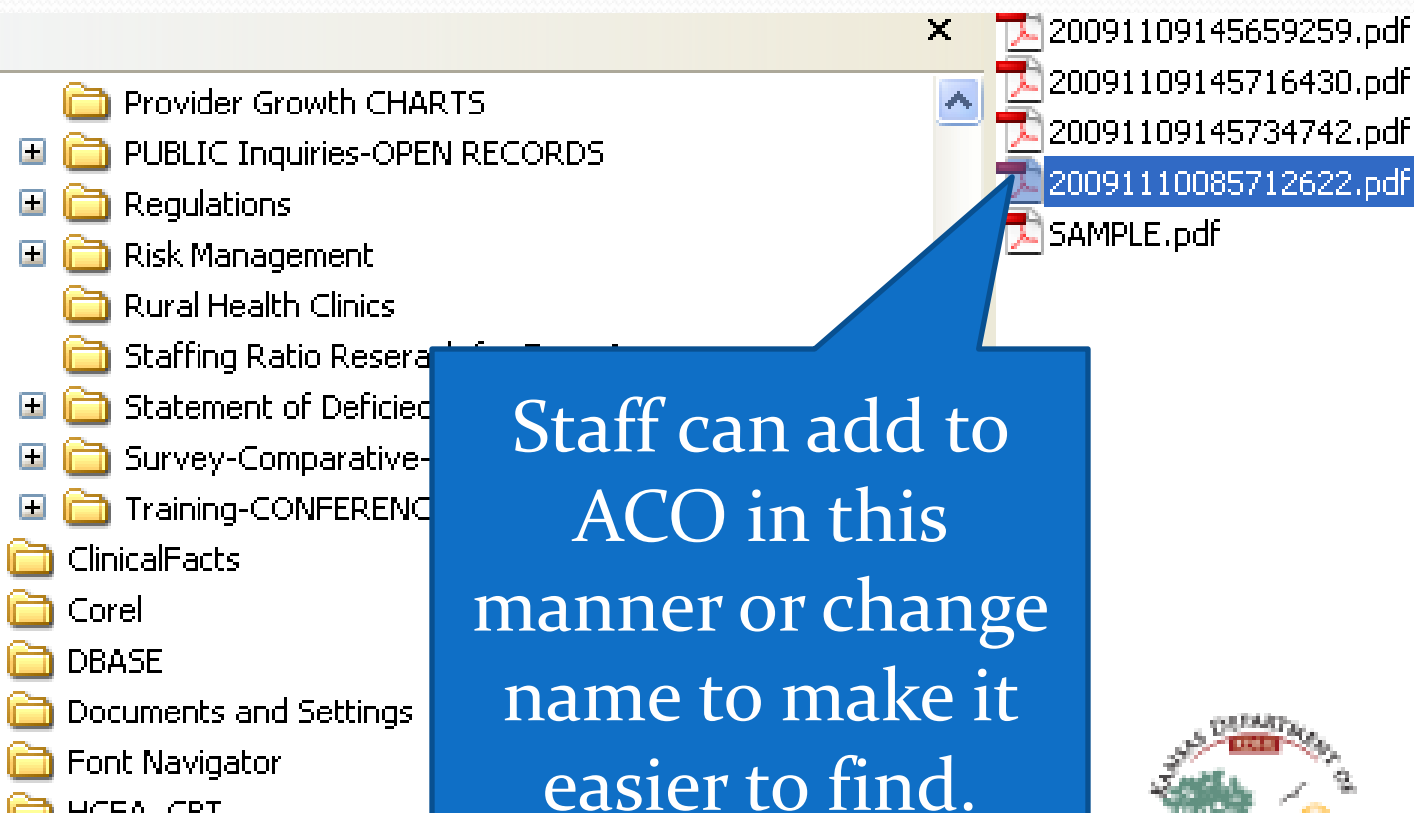
Survey Attachment Documents

	Event	Description	File Name	Document
1		c:poc		Attach/View
2		03QK11	Oldtown POC.docx	Attach/View
3				Attach/View

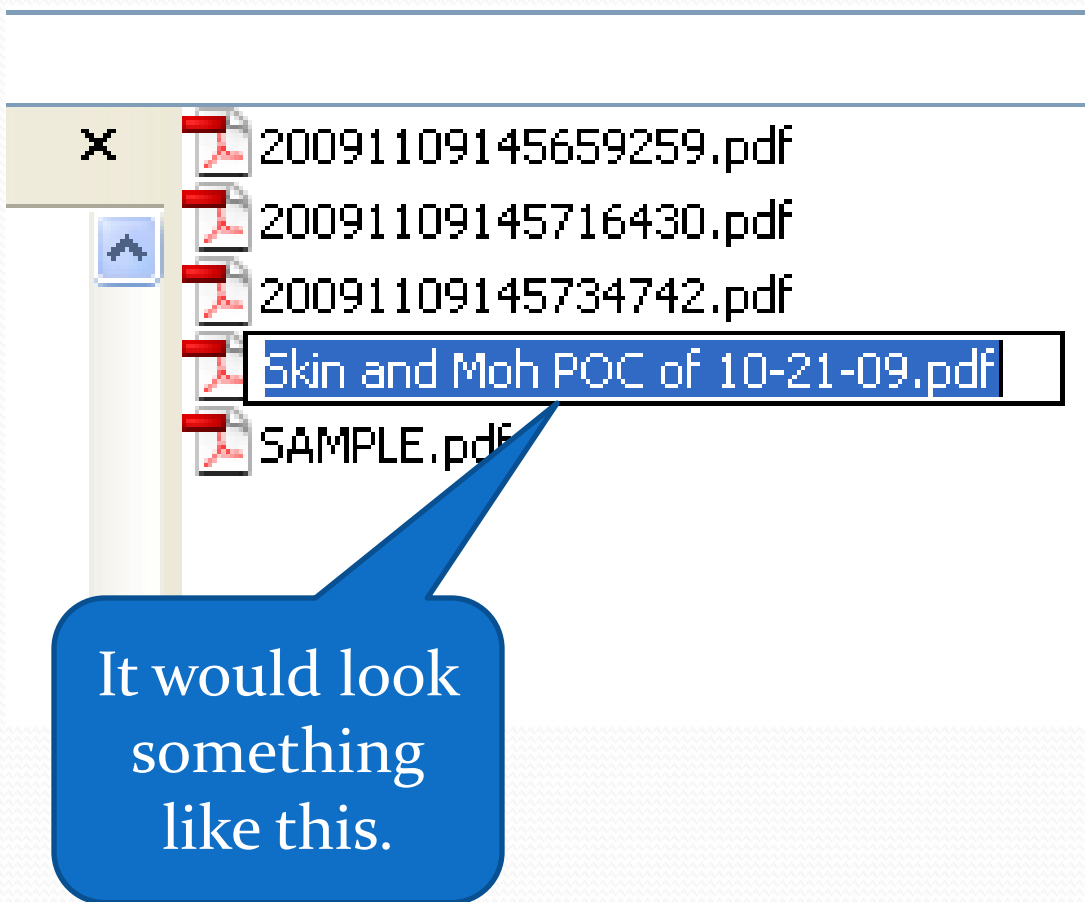
Staff will be instructed to insert the attachment returned to the State here. It will be labeled with the provider name followed by the letters POC.

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Administration
Partnership
Beds
Affiliations

Should the provider send their POC by mail, staff can scan and add to the “Attachments” in ACO. Scanning will look something like this...



To change name, hi-light the number only and name the file.



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How it should in ACO...

Survey Attachment Documents

	Description	File Name
1	IA5D11	Federal-Skin and Moh POC of
2	IA5D11	State-Skin & Moh 10-21-09.pdf
3		

As indicated previously, add the survey identifier in the description column.

Attach the providers POC that you scanned and renamed here. Also, remember to add the wording state and federal when there are two POC's.

Close

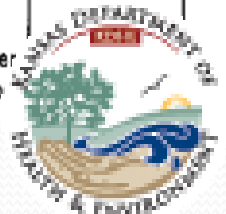
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Here is what the scanned attachment should look like.....

PLAN OF CORRECTION		
Provider/Supplier Name: ➡	Skin & Mohs Surgery Center, Inc.	Survey Date ↓
STREET ADDRESS, CITY, ZIP: ➡	11550 Granada Lane, Leawood, KS 66210	10/21/2009
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17- ➡	17C0001060
(X4) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q105	<p>10/24/09 Nurse administrator contacted vendors for ordering information</p> <p>10/24/09 Consulted with an anesthesiologist regarding proper equipment needed to perform an emergency tracheostomy.</p> <p>10/27/09 Nurse administrator met with medical director to discuss purchase selection.</p> <p>10/30/09 Selected equipment to be ordered</p> <p>11/5/09 Equipment is expected to arrive next week by Nov 13.</p> <p>10/26/2009 Policy regarding required emergency equipment revised.</p> <p>11/6/09 Policy to be presented for approval by the policy and procedure committee.</p> <p>Nurse administrator will be responsible for plan of correction. To ensure the deficiency does not recur, the log of all emergency equipment will be updated to include the ventilator and emergency tracheostomy kit. This will be checked daily by an RN and recorded on the log. In addition, training will be provided by the supplier for all required staff.</p>	11/20/2009
Q151	<p>10/27/09 Practice administrator notified staff, effective immediately, all Kansas records on Missouri patients will be scanned into the electronic health record and labeled ASC Leawood. This will occur immediately for all patients currently scheduled. Historical records currently maintained at the off-site location will be scanned as quickly as possible. The goal is to be completed by November 20, 2009, however, due to many illnesses among staff, we have been unable to dedicate appropriate staff to this. When we have all staff working, someone will be dedicated to ensure this project is complete.</p>	

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Finished....?

Depending on what other processes the State might wish to add, at this point the process should be complete.

- The CMS 2567 is in ACO under the survey tab.
- The providers POC is attached under the tab for attachments in ACO.
- The State now has a permanent record of both that can easily be detached and e-mail to any requester meeting the appropriate open records request.

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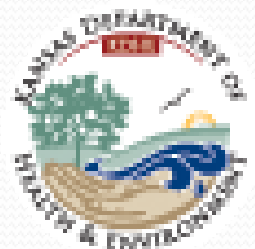


**For a copy of these slides
and other information, go to
[www.kdheks.gov/bhfr/index](http://www.kdheks.gov/bhfr/index.html)
[.html](http://www.kdheks.gov/bhfr/index.html) and click on FORMS**

Statement of Deficiency/Plan of Correction Forms and Instructions:

- [Statement of Deficiency Instructions for State Agencies](#)
- [Instruction Pamphlet](#)
- [POC Instructions for Providers & Suppliers](#)
- [Providers POC Form](#)
- [Sample POC](#)

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Needing more information?

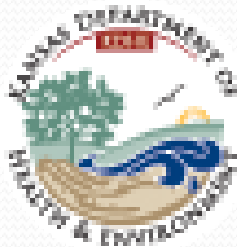
Contact:

**Charles Moore, Director Medical Services
Bureau of Child Care & Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612**

e-mail: cmoore@kdhe.state.ks.us

Desk Phone: 785-296-0131

FAX: 785-291-3419



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